#### PROGRESS REPORT DUE DATES

Cumulative Progress Report Schedule and Coverage			
Date Progress Report Due to DEPA	Grant Period Covered by Progress Report		
First Reporting Period Progress Report:	October 15, 2009	July 1, 2009 thru September 30, 2009	
Second Reporting Period Progress Report:	January 15, 2010	July 1, 2009 thru December 31, 2009	
Third Reporting Period Progress Report:	April 15, 2010	July 1, 2009 thru March 31, 2010	
Final Reporting Period Progress Report:	July 15, 2010	July 1, 2009 thru June 30, 2010	

The PCRH reserves the right to request additional information and/or corrections to the Progress Reports *before* GRANT payments are authorized. The Progress Reports may be submitted by the following method:

Hard copies will be accepted as meeting the deadline if they are received through the U.S. mail on the date they are due. The mailing address is:

Office of Primary Care and Rural Health Utah Department of Health P.O. Box 142005 Salt Lake City, Utah 84114-2005

Hard copies will be accepted as meeting the deadline if they are received through a non-U.S. Mail package system or hand delivered to PCRH by 5:00 p.m. on the due date. The street address is:

Office of Primary Care and Rural Health Utah Department of Health 3760 South Highland Drive, Suite 404 Salt Lake City, Utah 84106

#### **PENALTIES**

A penalty of \$100.00 per work day may be assessed for late or incomplete Progress Reports. A penalty of \$150.00 per work day may be assessed for a late or incomplete Final Progress Report (due no later than July 15, 2010). The penalty may be assessed until a complete, accurate report has been submitted and approved. It must contain all the information specified in these Progress Report Instructions and Tables including the identifying information, financial information, all the narrative information required for that reporting period, and correct statistical tables. If GRANTEE funds have already been expended, these penalties may be applied to future grant awards given to a GRANTEE under the State Primary Care Grants Program.

Please remember that information on the Progress Report is required and must be submitted in one (1) complete

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- "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.
- "Users" are defined as "Eligible Individuals," who received at least one face-to-face encounter July 1, 2009 through June 30, 2010.

# Cumulative Progress Reports - State Primary Care Grants Program

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Office of Primary	Care and Rur	al Health, Utah Depart	ment of Health

Name of Grant Project: 2009-2010 SPCGP-			
Name of individual responsible for completing the	nis repo	ort	
Telephone ( ) Fax ( )			
Please Check ONLY One (1) Box:		Reporting Period Covered by This Progress Report:	
Due Date: October 15, 2009		July 1, 2009 through September 30, 2009	
Due Date: January 15, 2010		July 1, 2009 through December 31, 2009	
Due Date: April 15, 2010		July 1, 2009 through March 31, 2010	
Due Date: July 15, 2010		July 1, 2009 through June 30, 2010	
Other Due Date:		Please List Reporting Period:	

#### 1. Encounter <sup>1</sup> information

Name of Grantee

Include only Encounters that were Funded by 2009-2010 State Primary Care Grants Program-Project Funding. Do Not include Encounters that were Not Funded with 2009-2010 State Primary Care Grants Program-Project Funding.

Baseline Data for Your Agency		Primary Care G	rant Encounters
Total number of encounters <sup>1</sup> for your " <b>Agency's</b> " most recent fiscal year	Projected total number of patient encounters <sup>1</sup> for the primary care grant	Total number of primary care grant patient encounters <sup>1</sup> for the Reporting Period	Number of <b>new</b> primary care grant patient encounters <sup>1</sup> for the Reporting Period

#### For the Tables 2 through 5, Please Use Actual Figures, or Best Estimates of Users Funded by the Grant

#### 2. Users <sup>2</sup> by Age

2

Include only Users who Received Services that were Funded by 2009-2010 State Primary Care Grants Program-Project Funding. <u>Do Not</u> include Users that were Provided Services that were <u>Not Funded</u> with 2009-2010 State Primary Care **Grants Program-Project Funding.** 

Age Groups	Number of Users <sup>2</sup>
0 - 19	
20 - 64	
65 and over	
Total Users <sup>2</sup>	

<sup>&</sup>quot;Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

<sup>&</sup>quot;Users" are defined as "Eligible Individuals," who received at least one face-to-face encounter July 1, 2009 through June 30, 2010.

### **Cumulative Progress Reports - State Primary Care Grants Program**

Office of Primary Care and Rural Health, Utah Department of Health

Name of Grant Project: 2009-2010 SF	PCGP-		
Name of individual responsible for co	mpleting this report		
Telephone ( )	F	ax <u>(</u>	)
		Not Fu	ate Primary Care Grants Program-Project Inded with 2009-2010 State Primary Care
Percent of Poverty Level	Number of Users <sup>2</sup>		
100% and below			
101 - 200%			

### 4. Total Users <sup>2</sup> by Insurance Status

Name of Grantee

Above 200%

Total Users <sup>2</sup>

Unreported/unknown

Include only Users who Received Services that were Funded by 2009-2010 State Primary Care Grants Program-Project Funding. <u>Do Not</u> include Users that were Provided Services that were <u>Not Funded</u> with 2009-2010 State Primary Care Grants Program-Project Funding.

Number Users <sup>2</sup> Uninsured	Number Users <sup>2</sup> Underinsured

#### 5. Users <sup>2</sup> by Race/Ethnicity

2

Include only Users who Received Services that were Funded by 2009-2010 State Primary Care Grants Program-Project Funding. <u>Do Not</u> include Users that were Provided Services that were <u>Not Funded</u> with 2009-2010 State Primary Care Grants Program-Project Funding.

Race/Ethnicity	Number of Users <sup>2</sup>
Asian	
American Indian or Alaska Native	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Hispanic or Latino	
Other	
Unreported or Unknown	
Total Users <sup>2</sup>	

# **Cumulative Progress Reports - State Primary Care Grants Program**

Office of Primary Care and Rural Health, Utah Department of Health

Name	e of Grantee			
Name	e of Grant Project: 2009-2010 S	SPCGP-		
Name	e of individual responsible for co	ompleting thi	s report	
Telep	elephone ( ) Fax ( )			
For Questions 6 through 10, Please Limit Your Response to Each Question to No More than One Page				
6.	Check <u>ONLY</u> One (1) Box:	□ Yes □ No.	Do you continue to maintain a "specified account" for funding awarded under the GRANT? If No, please explain.	
7.	Check <u>ONLY</u> One (1) Box:	□ Yes □ No.	Do you continue to use and maintain a "tracking methodology" for patients and encounters provided services under the GRANT? If No, please explain.	
Include only Users <sup>2</sup> and Encounters <sup>1</sup> that were Funded by 2009-2010 State Primary Care Grants Program-Project Funding. <u>Do Not</u> include Users <sup>2</sup> and Encounters <sup>1</sup> that were <u>Not Funded</u> with 2009-2010 State Primary Care Grants Program-Project Funding.				

- 8. Please summarize, to date, each of your Project specific activities and outcomes related to the Project services and objectives outlined in this GRANT. In responding, please review each Project service and objective as listed in this GRANT under Section C. SERVICES, items 6. and 7. You should also refer to other Progress Report(s) you have provided during the current GRANT PERIOD.
- 9. Please describe "how" your Agency has met your Project services and objectives, as outlined in this GRANT, by providing specific measures and evaluation of success. If the Project services and objectives have not been met, please state any concerns that you may have in meeting those Project services and objectives, and provide an explanation of your plan of action to meet the Project services and objectives. In answering this question, you should refer to other Progress Report(s) provided during the current GRANT PERIOD.
- 10. Optional: If there is other information that you would like to provide about your Project services and objectives, implementation of those Project services and objectives, or the need for your Project, please describe.

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<sup>1</sup> "Encounter" means a face-to-face contact between an eligible individual and the GRANTEE's provider who exercises independent judgement in the provision of services to the eligible individual and where the services provided under the State Primary Care Grants Program are rendered and recorded in the eligible individual's record.

<sup>&</sup>quot;Users" are defined as "Eligible Individuals," who received at least one face-to-face encounter July 1, 2009 through June 30, 2010.